

**Agenda**  
**Health Systems Subcommittee – Goal 3**  
**Workgroup of the Governor’s Council on**  
**Substance Abuse Prevention and Treatment**  
*March 4, 2022*

Start Time: 2:30 p.m.

Location: Zoom Meeting

- I. Welcome and introductions
- II. Review of 2022 Implementation Plan, Health Systems Goal 3
- III. Additional Discussion
- IV. Next Steps and Adjournment

**Meeting Minutes of the Governor's Council on**

# Substance Abuse Prevention and Treatment Health Systems Subcommittee January 21, 2022, Unapproved

## Attendees:

Amy Atkins, Dr. Emma Eggleston (Co-Chair), Sherri Ferrell, Nathan Fiore, Brian Gallagher, Alana Hudson, Dr. Michael Kilkenny (Co-Chair), Jim Kranz, Jessica Smith, Justin Smith, Rachel Thaxton

## Opening:

Dr. Emma Eggleston (Co-Chair) provided welcome and opening remarks of this meeting of the Governor's Council on Substance Abuse Prevention and Treatment, Health Systems Subcommittee. The meeting was called to order at 2:36 p.m. on Friday, January 21, 2022 and was conducted by Zoom conference. A quorum was noted to be present. The purpose of the meeting was to review the final draft of the 2022 Implementation Plan for the Health Systems section to present to the Governor's Council.

## Agenda Items

**Finalize 2022 Health Systems Plan:** The Subcommittee proceeded to review and discuss the goals, strategies, and KPIs with the following reflecting the discussion:

### Goal 1

- Strategy 1, KPI 4 – the Subcommittee identified additional strategies for distribution of naloxone over the next year to include, but not be limited to, libraries, school-based health centers, and faith based organizations.
- Strategy 1, KPI 6 – Justin Smith provided an overview of 'Action Counties' identified by the Office of Drug Control Policy, noting that these counties were identified as having highest overdose death rates. They include for example, Boone, Cabell, Fayette, Kanawha, Logan, Mercer, Monongalia, and Raleigh.
- Strategy 2, KPI 2 – There are currently 39 Quick Response Teams in 38 counties.

### Goal 3

- Amy Atkins provided an update and overview of efforts by the Bureau for Public Health, Division of STD/HIV pertaining to reducing the risk of infectious diseases associated with substance use disorder.
- Strategy 2, KPI 1, the Bureau for Public Health is prioritizing emergency departments as the entry point as it is where HIV cases are being identified. Efforts are underway to work with larger emergency departments in the state to integrate HIV access to testing currently.
- Following discussion of this goal, strategies and KPI, Deputy Commission Atkins agreed to bring back some revised language for the next meeting of the Subcommittee.

## **Adjournment**

As there was no additional discussion, Dr. Emma Eggleston closed the meeting by thanking all subcommittee members for their attendance. The subcommittee will meet again in February to review final Q4 progress data and the final 2022 Implementation Plan.

**Blue = Complete**  
**Green = On Target**  
**Yellow = Falling Behind**  
**Red = Far Behind**  
**Gray = Not Started**

## **Health Systems**

**Goal 1: Reduce fatal and nonfatal overdoses.**

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress
<b>Strategy 1</b>	<b>Provide broad access to naloxone across the state for those who need it, including first responders, local health departments, Quick Response Teams, and treatment programs (medication-assisted treatment and detox).</b>				
KPI 1	By July 1, 2021, advance processes that enable access to naloxone upon discharge from health care facilities.	5%	10%	10%	15%
KPI 2	Over the course of the plan, 50% of local health departments will have access to naloxone to distribute by December 31, 2020; 75% by December 31, 2021; and 95% by December 31, 2022.	75%	80%	80%	100%
KPI 3	Advance availability of naloxone for distribution by Quick Response Teams for the duration of the plan.	95%	95%	100%	100%
KPI 4	By March 31, 2021, identify and implement additional strategies to distribute naloxone in local communities (i.e., food banks).	90%	95%	95%	100%
KPI 5	By March 31, 2021, establish a sustainability plan for naloxone funding for the duration of the plan.	50%	50%	50%	75%
KPI 6	Provide ongoing technical assistance and support to ACTION counties (counties with highest overdose death rates) to establish immediate steps to save lives throughout the duration of the plan.	25%	50%	75%	100%
<b>Strategy 2</b>	<b>Increase resources and support for expansion of Quick Response Teams in local communities across the state.</b>				
KPI 2	Support existing Quick Response Teams throughout the duration of the plan through monthly peer networking.	25%	50%	75%	100%
<b>Strategy 3</b>	<b>Utilize data to strengthen community responses by gathering, sharing, and disseminating data on fatal and nonfatal overdoses with local communities and providing technical assistance on utilization of data at the community level.</b>				
KPI 1	By January 1, 2021, and under the direction of ODCP, operationalize a statewide data collection system and dashboard that is updated within 72 hours after receiving relevant data.	85%	85%	85%	85%
KPI 2	By June 1, 2021, conduct a series of three presentations/webinars on how to access use of the dashboard and interpret the data it contains to support community response.	0%	50%	50%	100%

KPI 3	By December 31, 2021, establish a pilot of three communities using Fatality Review Teams as an approach to data use that strengthen local response.	0%	10%	25%	35%
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**Goal 2: Expand points of access to substance use disorder treatment through health care system integration.**

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress
<b>Strategy 1</b>	<b>Promote improved access to substance use disorder treatment through a coordinated approach with health care system facilities.</b>				
KPI 1	By December 31, 2021, support at least two hospital systems in addressing substance use disorder for all patients using a facility-wide model that includes the integration of universal screening, medication-assisted treatment initiation, and coordinated care transition.	10%	20%		
KPI 2	Through December 31, 2021, continue to support at least 10 hospital emergency departments in developing clinical pathways for medication-assisted treatment and transition to substance use disorder care.	25%	33%		
KPI 3	By December 31, 2021, enhance inpatient and outpatient efforts for screening for substance use disorders, associated comorbidities (hepatitis, HIV, etc.), and timely, effective transitions to treatment wherever those with substance use disorder are in contact with the health care system.	0%	Nor reported		
<b>Strategy 2</b>	<b>Develop a response system statewide through permissible data sharing to quickly identify trends and critical overdose incidents to enable rapid community responses.</b>				
KPI 1	For the duration of the plan, continue to support the public dashboard to display trends and critical incidents that enable local communities to be responsive.	25%	50%		
<b>Strategy 3</b>	<b>Address barriers to treatment by expanding digital therapeutics, mobile service delivery and telehealth.</b>				
KPI 1	By December 31, 2021, expand mobile treatment options to all DHHR behavioral health regions, including underserved areas.	20%	50%	50%	50%

KPI 2	By December 31, 2021, increase integration and use of digital therapeutics and telehealth in treatment approaches.	70%	70%	70%	70%
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**Goal 3: Reduce the risk of infectious diseases associated with substance use disorder.**

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress
<b>Strategy 1</b>	<b>Increase understanding of <u>harm reduction</u> and stigma and increase cross-sector partnerships in the design, implementation, and evaluation of comprehensive, evidence-based harm reduction programs.</b>				
	By December 31, 2021, support five communities undertaking new cross-sector planning and implementation of private or public sector harm reduction services through provision of funding, technical assistance, and quality improvement efforts throughout the duration of the plan.	0%	40%	40%	80%
40%	Decrease harm from injection drug use in all existing harm reduction programs through increase in naloxone distribution, linkages to treatment, and best practices for harm reduction programs throughout the duration of the plan.	75%	85%	75%	95%
KPI 3	Convene partners doing work to reduce health and cost burdens of infectious diseases through cumulative harm reduction strategies, vaccinations, and syringe services for lessons learned and establish appropriate next steps.	100%	100%	100%	100%
KPI 4	By December 31, 2021, develop a set of best practices for all local health departments to adopt and implement to help reduce syringe litter to prevent harm to first responders and community residents throughout the duration of the plan.	100%	100%	100%	100%
KPI 5	By December 13, 2021, support a cross-state (KY, OH, MD, WV) multi-sector forum to share lessons learned and advance best practices in implementing evidence-based harm reduction services.	25%	45%	45%	60%
KPI 6	By December 31, 2021, build capacity and conduct local harm reduction program assessments in 10 programs aimed at supporting quality improvement and providing technical assistance that maximizes program effectiveness and reduces stigma	100%	100%	100%	100%

	through education.				
Strategy 2	<b>Increase screening and rapid access to treatment of infectious diseases associated with substance use disorders (e.g., hepatitis C, HIV, hepatitis B, sexually transmitted diseases, endocarditis, abscesses, etc.) at any entry point for substance use disorder treatment.</b>				
KPI 1	KPI 1: By December 31, 2021, integrate screening for infectious diseases into key entry points for care related to substance use disorder via a standard screening panel and clinical protocols.	0%	Not Reported	50%	Not Reported
KPI 2	KPI 2: By December 31, 2021, advance capacity to rapidly expand community testing services for HIV/hepatitis C virus and investigate, track, and manage identified cases.	Not reported	Not Reported	60%	Not Reported
KPI 3	KPI 3: By December 31, 2021, work with Federally Qualified Health Centers and health care providers to increase by 20% the number of sites with capacity to provide HIV and hepatitis C treatment in the primary care setting.	Not Reported	Not Reported	50%	Not Reported
KPI 4	KPI 4: By December 31, 2021, increase primary care provider knowledge of and capacity to provide Pre-Exposure Prophylaxis (PrEP) for HIV prevention for high-risk individuals.	Not Reported	Not Reported	50%	Not Reported
KPI 5	KPI 5: By December 31, 2021, develop a plan that expands Medicaid coverage of hepatitis C treatment to decrease community transmission.	Not Reported	Not Reported	35%	Not Reported
Strategy 3	<b>Develop and implement a statewide West Virginia Hepatitis C Elimination Plan.</b>				
KPI 1	By July 31, 2021, conduct a comprehensive, multi-sector strategic planning process that results in a written, multi-year, Hepatitis C Elimination Plan for West Virginia.	0%	0%	10%	10%

KPI 2	By November 1, 2021, develop the Year 1 Strategic Action Plan for the Hepatitis C Elimination Plan for West Virginia.	0%	0%	0%	0%
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**HEALTH SYSTEMS**

**Goal 1: Reduce fatal and nonfatal overdoses.**

**Strategy 1: Provide broad access to naloxone across the state for those who need it including, but not limited to, first responders, local health departments, quick response teams, and treatment programs (medication-assisted treatment and detox).**

- KPI 1: Through December 31, 2022, continue to advance processes that enable access to naloxone upon discharge from health care facilities.
- KPI 2: Over the course of the plan, 50% of local health departments will have access to naloxone to distribute by December 31, 2020; 75% by December 31, 2021; and 95% by December 31, 2022.
- KPI 3: Advance availability of naloxone for distribution by Quick Response Teams for the duration of the plan.
- KPI 4: Through December 31, 2022, continue to identify and implement additional strategies to distribute naloxone in local communities (i.e., food banks).
- KPI 5: By December 31, 2022, establish and support a sustainability plan for naloxone funding for the duration of the plan
- KPI 6: The Office of Drug Control Policy will provide ongoing technical assistance and support to ACTION counties (counties with highest overdose death rates) to establish immediate steps to save lives throughout the duration of the plan.

**Strategy 2: Increase resources and support for expansion of Quick Response Teams in local communities across the state.**

- KPI 2: Support existing Quick Response Teams throughout the duration of the plan through monthly peer networking.

**Strategy 3: Utilize data to strengthen community responses by gathering, sharing, and disseminating data on fatal and nonfatal overdoses with local communities and providing technical assistance on utilization of data at the community level.**

- KPI 1: Through December 31, 2022, and under the direction of the Office of Drug Control Policy, continue to operationalize a statewide data collection system and dashboard that is updated within 72 hours after receiving relevant data.
- KPI 2: Through December 31, 2022, continue to offer resources and support on how to access use of the dashboard and interpret the data it contains to support community response.
- KPI 3: By December 31, 2022, establish a pilot of three communities using Fatality Review Teams as an approach to data use that strengthens local response.

**Goal 2: Expand points of access to substance use disorder treatment through health care system integration.**

**Strategy 1: Promote improved access to substance use disorder treatment through a coordinated approach with health care system facilities.**

- KPI 1: Through December 31, 2022, support at least two hospital systems in addressing substance use disorder for all patients using a facility-wide model that includes the integration of universal screening, medication-assisted treatment initiation, and coordinated care transition.
- KPI 2: Through December 31, 2022, continue to support at least 10 hospital emergency departments in developing clinical pathways for medication-assisted treatment and transition to substance use disorder care.
- KPI 3: By December 31, 2022, continue to enhance inpatient and outpatient efforts for screening for substance use disorders, associated comorbidities (hepatitis, HIV, etc.), and timely and effective transitions to treatment wherever those with substance use disorder are in contact with the health care system.

**Strategy 2: Develop a response system statewide through permissible data sharing to quickly identify trends and critical overdose incidents for rapid community response.**

KPI 1: For the duration of the plan, continue to support the public dashboard to display trends and critical incidents that enable local communities to be responsive.

**Strategy 3: Address barriers to treatment by expanding digital therapeutics, mobile service delivery and telehealth.**

KPI 1: By December 31, 2022, continue to expand mobile treatment options to all DHHR behavioral health regions, including underserved areas.

KPI 2: By December 31, 2022, continue to increase integration and use of digital therapeutics and telehealth in treatment approaches.

**Goal 3: Reduce the risk of infectious diseases associated with substance use disorder.**

**Strategy 1: Increase understanding of harm reduction and stigma and increase cross-sector partnerships in the design, implementation, and evaluation of comprehensive, evidence-based harm reduction programs.**

KPI 1: Support communities undertaking new licensure of their harm reduction program through provision of funding, technical assistance, and quality improvement efforts throughout the duration of the plan.

KPI 2: Decrease harm from injection drug use in all existing harm reduction programs through increase in naloxone distribution, linkages to treatment, and best practices for harm reduction programs throughout the duration of the plan.

KPI 3: Convene partners doing work to reduce health and cost burdens of infectious diseases through cumulative harm reduction strategies, vaccinations, and syringe services for lessons learned and to establish appropriate next steps for the duration of the plan.

KPI 4: Through December 31, 2022, continue to develop a set of best practices for all local health departments to adopt and implement to help reduce syringe litter to prevent harm to first responders and community residents throughout the duration of the plan.

KPI 5: Continue to support a cross-state multi-sector forums (i.e. (KY, OH, MD, WV) to share lessons learned and advance best practices in implementing evidence-based harm reduction services.

KPI 6: Through December 31, 2022, continue to build capacity and conduct local harm reduction program assessments in 10 programs aimed at supporting quality improvement and providing technical assistance that maximizes program effectiveness and reduces stigma through education.

**Strategy 2: Increase screening and rapid access to treatment of infectious diseases associated with substance use disorders (e.g., hepatitis C, HIV, hepatitis B, sexually transmitted diseases, endocarditis, abscesses, etc.) at any entry point for substance use disorder treatment.**

KPI 1: Through December 31, 2022, continue to integrate screening for infectious diseases into key entry points for care related to substance use disorder via a standard screening panel and clinical protocols.

KPI 2: Through December 31, 2022, continue to advance capacity to rapidly expand community testing services for HIV/hepatitis C virus and investigate, track, and manage identified cases.

KPI 3: Through December 31, 2021, continue to work with Federally Qualified Health Centers and health care providers to increase by 20% the number of sites with capacity to provide HIV and hepatitis C treatment in the primary care setting.

KPI 4: Through December 31, 2021, continue to increase primary care provider knowledge of and capacity to provide Pre-Exposure Prophylaxis (PrEP) for HIV prevention for high-risk individuals.

KPI 5: By December 31, 2022, develop a plan that expands Medicaid coverage of hepatitis C treatment to decrease community transmission.

**Strategy 3: Develop and implement a statewide West Virginia Hepatitis C Elimination Plan.**

KPI 1: By July 31, 2022, conduct a comprehensive, multi-sector strategic planning process that results in a written, multi-year, Hepatitis C Elimination Plan for West Virginia.

KPI 2: By July 31, 2022, develop the Year 1 Strategic Action Plan for the Hepatitis C Elimination Plan.

